REVIEW FOR ACCREDITATION
OF THE
PUBLIC HEALTH PROGRAM
AT
WESTERN UNIVERSITY

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:
March 21-22, 2016

SITE VISIT TEAM:
Kristine Tollestrup, PhD, MPH, Chair
Larry Ramdin, MPH, MA, REHS, CHO, CP-FS, HHS

SITE VISIT COORDINATOR:
Brittney D. Lilly, MPH
# Table of Contents

Introduction.................................................................................................................................................... 1

Characteristics of a Public Health Program.................................................................................................. 2

1.0 THE PUBLIC HEALTH PROGRAM. ....................................................................................................... 3
  1.1 Mission. ............................................................................................................................................... 3
  1.2 Evaluation and Planning...................................................................................................................... 4
  1.3 Institutional Environment ..................................................................................................................... 5
  1.4 Organization and Administration ......................................................................................................... 6
  1.5 Governance ......................................................................................................................................... 7
  1.6 Fiscal Resources ................................................................................................................................. 9
  1.7 Faculty and Other Resources. ........................................................................................................... 10
  1.8 Diversity. ............................................................................................................................................ 12

2.0 INSTRUCTIONAL PROGRAMS. .......................................................................................................... 13
  2.1 Degree Offerings ............................................................................................................................... 13
  2.2 Program Length................................................................................................................................. 14
  2.3 Public Health Core Knowledge .......................................................................................................... 15
  2.4 Practical Skills ................................................................................................................................... 15
  2.5 Culminating Experience..................................................................................................................... 16
  2.6 Required Competencies .................................................................................................................... 18
  2.7 Assessment Procedures. .................................................................................................................. 19
  2.8 Bachelor’s Degrees in Public Health. ................................................................................................ 21
  2.9 Academic Degrees ............................................................................................................................ 22
  2.10 Doctoral Degrees............................................................................................................................ 22
  2.11 Joint Degrees .................................................................................................................................. 22
  2.12 Distance Education or Executive Degree Programs ....................................................................... 22

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE. ............................................. 23
  3.1 Research. .......................................................................................................................................... 23
  3.2 Service ............................................................................................................................................... 24
  3.3 Workforce Development.................................................................................................................... 25

4.0 FACULTY, STAFF AND STUDENTS. .................................................................................................. 26
  4.1 Faculty Qualifications ....................................................................................................................... 26
  4.2 Faculty Policies and Procedures ....................................................................................................... 27
  4.3 Student Recruitment and Admissions ............................................................................................... 28
  4.4 Advising and Career Counseling ....................................................................................................... 30

Agenda........................................................................................................................................................ 31
Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Public Health Program at Western University. The report assesses the program’s compliance with the Accreditation Criteria for Public Health Programs, amended June 2011. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation and a visit in March 2016 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

Founded in 1898, Western University ("Western") is a public institution located on a 1,200-acre campus in London, Ontario, Canada. The institution enrolls over 28,000 full-time students and employs over 1,400 faculty and nearly 2,500 staff. The university has 12 schools/colleges (referred to as faculties), which include medicine and dentistry, business, social science, education, music, engineering, arts and humanities, health sciences, graduate and postdoctoral studies, information and media studies, law and science.

The MPH program is housed in the Schulich School of Medicine and Dentistry, which employs approximately 3,500 faculty and staff and enrolls nearly 3,000 students. The school has seven basic science departments and 14 clinical departments. The MPH program does not reside in a department, but rather is an interdisciplinary program of the school. In addition to the MPH, the school also houses the MD, DDS, BMSc, MSc and PhD degrees.

Under the tutelage of the Schulich School of Medicine and Dentistry dean, planning for the MPH program commenced in 2010. Drawing from faculty across the university with experience relevant to public health, the program is called the Schulich Interfaculty Program in Public Health, and it enrolled its first students in September 2013.

The MPH program was accepted as an applicant for CEPH accreditation in September 2013. This is the program’s first accreditation review.
Characteristics of a Public Health Program

To be considered eligible for accreditation review by CEPH, a public health program shall demonstrate the following characteristics:

a. The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education or its equivalent in other countries.

b. The program and its faculty and students shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.

c. The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem solving and fosters the development of professional public health values.

d. The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program shall maintain this organizational culture through leadership, institutional rewards and dedication of resources in order to infuse public health values and goals into all aspects of the program's activities.

e. The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. At a minimum, the program shall offer the Master of Public Health (MPH) degree, or an equivalent professional degree.

f. The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.

These characteristics are evident in the MPH program at Western University. Although this Canadian university does not hold regional accreditation with a US agency, it has comparable quality assurance mechanisms as overseen by the Ontario Ministry of Training, Colleges and Universities. The MPH program has the same rights, privileges and status as other comparable Western programs. A distinctive feature of Western's MPH program is its interdisciplinary focus, as faculty are drawn from schools/colleges across the university. Another unique aspect of the program is its case-based pedagogy, which exposes students to real-world scenarios in the classroom. The MPH curriculum promotes a broad intellectual framework for problem solving and fosters the development of professional public health values. The program plans, develops and evaluates its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.
1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

The program shall have a clearly formulated and publicly stated mission with supporting goals, objectives and values.

This criterion is met. Development of the mission, vision, goals and objectives began in 2012 when the interim program director and associate director met regularly with faculty across campus and other interested stakeholders to discuss the development of an MPH program. The interim director and associate director drafted the initial mission, vision, goals and objectives, which were vetted by the program’s Curriculum Committee, university deans and various other stakeholders in the university and wider community. The program’s mission is as follows:

To produce transformative knowledge, professionals and leaders that work to create healthy and sustainable communities both locally and globally. To this end, we foster professional education, research, and public outreach to support practitioners, leaders and change agents in moving societies toward more sustainably healthy futures.

During the on-site visit, the university president stated that this interdisciplinary MPH program was formed for the purposes of using a population health approach to address Canada’s health issues and to create the opportunity to apply scholarship to public policy. University leadership emphasized that the MPH program was not developed simply to address emerging infections, but would spearhead the use of innovative approaches to address health issues using interdisciplinary training.

At the suggestion of the university president, planning and development of the Schulich Interfaculty Program in Public Health began in April 2010 with the formation of a steering committee by the Schulich School of Medicine and Dentistry dean. The steering committee submitted a successful application for start-up funds to the Office of the Provost and Vice President in summer 2010. With significant receptivity across the university and the availability of interfaculty development funds, the MPH program was conceived. By December 2012, a core group, that included the interim program director, associate director and program staff, had obtained approval for the MPH program from the appropriate university and governmental channels. Once the program was approved, the curriculum was developed, faculty were hired and the first cohort of students enrolled in September 2013.

The program’s core value statements emphasize lifelong learning, leadership and integrity among students and graduates.

Program-wide goals address teaching, research and service, and the program has established clear and measurable outcomes for each goal.
The mission, vision, values and goals are made available to the public via the program’s website. The program plans to review the mission, values, goals and objectives at its annual retreat and with alumni and community stakeholders.

1.2 Evaluation and Planning.

The program shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals and objectives; for assessing the program's effectiveness in serving its various constituencies; and for using evaluation results in ongoing planning and decision making to achieve its mission. As part of the evaluation process, the program must conduct an analytical self-study that analyzes performance against the accreditation criteria.

This criterion is met. The evaluation process is ongoing and is conducted through a variety of meetings and committees. Sources of evaluation information include several electronic data systems to track prospective and current students, courses and course evaluations, the practicum experience and faculty research and service activities. Site visitors learned that bimonthly faculty meetings serve as a key source of information regarding the program’s effectiveness. Both the faculty and the program director noted that the bimonthly faculty meetings were an important means of identifying course and individual student issues before they became too intractable. The program director’s “wishes and grumbles” sessions, held regularly with the student body, serve as yet another source of feedback in the evaluation of overall program effectiveness.

Data systems are updated and monitored by the program director, program manager, program coordinator, career development coordinator and faculty. Information from data sources are compiled and presented during administration meetings, faculty meetings, Curriculum Committee meetings, casebook meetings and the annual retreat. Issues affecting teaching outcome indicators are often discussed and solutions proposed at the weekly administration and bimonthly faculty meetings. Data are monitored annually, at a minimum, based on the nature of the data and the objective.

The program has been working diligently to develop relationships with external community representatives, and many relationships are in their early stages. As the program matures, it may consider developing formal opportunities for community stakeholders to provide routine input into the program’s strategic direction.

The program has established four to six outcome measures by which to evaluate progress toward each goal statement. The research outcome measures focus on primary faculty grant application submission, grant procurement and dissemination of research. The service outcome measures relate to primary faculty partnerships with public health practice and academic public health, as well as student production of public health teaching cases. The teaching outcome measures emphasize academic rigor, diversity of learners and preparation of graduates for leadership roles.
Performance in the program’s outcome measures generally show a positive trend within the last year. The program is monitoring those objectives for which performance has seen a negative trend over the last three years.

The self-study process began in early 2014 with the development of a core team that identified tasks to be completed for the self-study and a timeline for accomplishing the tasks. The process involved input from faculty and staff in developing responses to the self-study criteria. Institutional representatives also provided input into key sections of the document as did members of local health units. Critical information for the self-study was also gathered from surveys of employers, alumni and preceptors.

1.3 Institutional Environment.

The program shall be an integral part of an accredited institution of higher education.

This criterion is met. As a public university, Western is governed by the Ontario Ministry of Training, Colleges and Universities. The Ontario Universities Council on Quality Assurance (the agency responsible for oversight of the quality assurance framework processes for Ontario universities) approves individual programs at Western. The MPH program is one of 30 programs at Western approved by the Ontario Universities Council on Quality Assurance. The MPH program was approved on March 22, 2013, for the maximum eight-year term.

As a program inaugurated by the university president and Schulich School of Medicine and Dentistry dean, senior university leadership is committed to the support and success of the program—and envision it becoming a flagship program. University leaders recognize public health’s value from an interdisciplinary perspective, and the deans have been supportive of faculty appointments to support the public health program. The Schulich School of Medicine and Dentistry dean is committed to maintaining the integrity of the program’s population health focus and collaborative environment and will ensure that new faculty hires have good synergy with the program.

Programs across the university hold membership with and respond to a number of associations and specialized accreditors, such as the Canadian Association of Schools of Nursing, the Ontario College of Teachers, the European Quality Improvement System, the Commission on Dental Accreditation of Canada and the Committee on Accreditation of Canadian Medical Schools.

At the university level, the institution is governed by a chancellor. Reporting to the chancellor are the president/vice chancellor, the Senate, the university secretariat and the Board of Governors. Four vice presidents (overseeing research, resources and operations, external relations and academics) report to the president/vice chancellor. The vice president overseeing academics is the provost. The deans of the university’s 12 schools report directly to the provost.
Non-tenured faculty at Western are unionized and governed by the Faculty Association’s Collective Agreement. Since the MPH program is interdisciplinary and does not reside in a department within the Schulich School of Medicine and Dentistry, its faculty have a unique set of expectations for their university contributions, which are decided on collaboratively by the dean of their home department, with input from the MPH program director. During the site visit, faculty described their deans as being accommodating to their unique needs.

The program director has autonomy to hire internally or externally to fill faculty positions as needed. The hiring budget is negotiated with and approved by the Schulich School of Medicine and Dentistry dean. The program manager oversees staff hiring.

The program director and manager collaborate to develop a budget projection, using the previous year’s needs as a basis. After discussion with the school’s chief operating officer to determine initial feasibility, the budget is evaluated by the dean for alignment with the school’s overall strategic plans and priorities. The program does not receive tuition and fee revenue or indirect monies from research grants and contracts. Fundraising is overseen by the school’s executive director of development and alumni relations. All campaign plans must receive approval by the dean and provost.

The program is responsible for setting its academic standards and policies in accordance with those of the university. Minor curricular changes, such as modifying course content, must receive approval from the School of Graduate and Postdoctoral Studies. Substantive curricular changes, such as modifying degree requirements or learning outcomes, must receive final approval from the University Senate, after initial review by the university’s Graduate Subcommittee on Program Review and the Senate Committee on Academic Policy and Awards.

1.4 Organization and Administration.

The program shall provide an organizational setting conducive to public health learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration that contribute to achieving the program’s public health mission. The organizational structure shall effectively support the work of the program’s constituents.

This criterion is met. The program’s organization facilitates multi-disciplinary collaboration with broad constituents across the university. Housed in the Schulich School of Medicine and Dentistry, the MPH program partners with a number of schools across the university to deliver and govern the program. All MPH faculty are appointed to a primary department outside of the MPH program, with many having joint appointments in schools such as health sciences and social science, with Schulich being the most common partner. The MPH program has a memorandum of understanding that outlines faculty commitments to the program. The memorandum is signed by the Schulich School of Medicine and Dentistry dean and the respective dean of each partnering school.
Faculty mentoring is also a means by which interdisciplinary interaction occurs, as senior MPH faculty may mentor junior faculty from other schools. The program director is a member of the Annual Performance Evaluation Committee and the Promotion and Tenure Committee for Schulich's Department of Epidemiology and Biostatistics, which is the home department of three primary MPH faculty members and one secondary faculty member. The program director also serves on the mentorship committee for faculty across Schulich School of Medicine and Dentistry—two of whom are MPH faculty members.

The program’s Brown Bag Series serves as another source of introducing interdisciplinary perspectives in the program. The series, which is geared toward students, brings in faculty from across Schulich, as well as practitioners from local agencies, to speak on topics from a variety of disciplinary perspectives.

1.5 Governance.

The program administration and faculty shall have clearly defined rights and responsibilities concerning program governance and academic policies. Students shall, where appropriate, have participatory roles in the conduct of program evaluation procedures, policy setting and decision making.

This criterion is met with commentary. The program describes its governance structure and processes as non-hierarchical and broadly inclusive of all faculty. Information impacting governance flows freely and is not necessarily confined to the program’s committee meetings. Forums through which program governance occur include standing committee meetings; bimonthly faculty-wide meetings; routine administrative meetings between the program director and program manager; routine practicum meetings with the program director and the career development coordinator; periodic curriculum meetings; and annual faculty retreats. Once a month, the program director meets with the school’s vice dean of education to discuss program issues and strategies. At this meeting, the program director is informed of school-wide strategic plans that may impact the program.

The program’s two standing committees are the Admissions Committee and the Curriculum Committee. The Admissions Committee is responsible for carrying out the program’s student selection processes. The committee meets at least once per year to review program applications and make recommendations on admissions offers. Membership includes all primary faculty, most secondary faculty and an MPH alumnus. MPH administrators have primary responsibility for student recruitment and have autonomy with regard to program recruitment practices, within the parameters set by the university. Award of degrees occurs jointly between the MPH program and the university Registrar’s Office. MPH program administrators verify that graduating students have met all degree requirements, after which, students’ names are forwarded to the Registrar’s Office for degree conferral.

The Curriculum Committee was instrumental in the development of the program’s initial curriculum, competencies and academic standards and policies. The committee membership is inclusive of the
program chair, program manager, graduate chair, a contingent of secondary faculty, faculty from other schools across the university and an MPH alumnus. Prior to academic year 2014-2015, the committee was largely focused on developmental activities for this new program. In the commencing stages of the program, committee meetings were held twice per year. Meetings are now held at least once per year. Based on the meeting minutes, these meetings are where academic standards and policies are vetted, student enrollment figures shared, faculty resources and course load discussed and curricular components reviewed.

Based on discussions on site, the Curriculum Committee no longer functions as the program’s primary planning and review committee. Bimonthly faculty meetings provide a forum to discuss any and all program matters, and are the primary forums where general program policy development, planning and evaluation occur. At the conclusion of each semester, program faculty engage in a critical evaluation of weaknesses and strengths in an effort to improve overall program quality. At a separate end-of-semester meeting, all teaching faculty meet to review compiled student grades in an effort to identify gaps in performance and to develop remediation plans, if necessary.

Budget and resource allocation decisions are addressed at routine administrative meetings between the program director and program manager.

The program director oversees faculty recruitment. For internal hires, the director negotiates a time allocation to the MPH program with the faculty member's department head. For external hires, funds to hire must be approved by the Schulich School of Medicine and Dentistry dean. Regarding faculty promotion and tenure decisions, the program director provides input to the evaluation committee of every MPH faculty member and advocates for their contributions to the MPH program in annual evaluation decisions.

MPH faculty follow the research and service expectations set by their home departments, in consultation with the MPH program director. It is expected that the research and service of MPH faculty will have a public health orientation, while being tailored to each faculty member's individual interests.

In addition to service on program-level committees, MPH administrators and faculty serve on a number of department-, school- and university-level committees, which provide opportunities for input into decisions affecting the MPH program. For example, program administrators, primary faculty and secondary faculty serve as members of the University Senate, Schulich School of Medicine and Dentistry department chair search committees, mentorship committees for medicine and dentistry faculty, departmental curriculum committees and research committees.
While there is not an MPH-level student organization, MPH students participate in the school’s Graduate Student Council. At the university level, the formal graduate student organization is the Society of Graduate Students. Annually, MPH students are invited to attend the society’s meeting to advocate for interests of the MPH student body.

The program’s governance is inclusive of an MPH alumnus who also provides the perspective of a community representative. No current students have formal membership on committees. To date, the program has instituted several mechanisms to gain student feedback. The program director holds monthly "wishes and grumbles" sessions with students. Additionally, the program has installed suggestion boxes in its classrooms, which are checked weekly. Student surveys are conducted throughout the year to gain feedback and make program improvements as needed. At the conclusion of the program, an external reviewer does in-person interviews with graduating students to gain their feedback and perspective on all aspects of the program. The results are summarized by the reviewer and actionable items are recommended to the director.

The commentary relates to the lack of formal student involvement in program governance committees. While the program does actively solicit feedback from students and provides mechanisms for students to voice concerns, students do not have formal, participatory roles in policy setting and decision making. The program convenes three formalized meetings – those of the Curriculum Committee, the Admissions Committee and the bimonthly faculty meetings. Though students do not hold official membership on these committees, a student representative is selected by the class to serve as a liaison to the bimonthly faculty meetings. Time is allotted at each meeting for the student representative to share student concerns and suggestions with program faculty and administrators. Program constituents shared that since the MPH is a one-year program, it is more advantageous to place a recent graduate on the Curriculum Committee, since he/she has gained familiarity with the curriculum and can provide meaningful feedback. Regarding the Admissions Committee, program constituents stated that involvement of current students would present privacy concerns. While the site visit team recognizes the program’s current efforts to facilitate student feedback in decision making, site visitors concluded that within the current governance structure, the program could use its Curriculum Committee as an appropriate vehicle to provide students with participatory roles in program policy formulation, program evaluation procedures and perspectives on instruction, research and service.

1.6 Fiscal Resources.

The program shall have financial resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

This criterion is met. The program’s financial resources are adequate to fulfill its mission, goals and objectives. Total funding has increased slightly since the program was approved but has remained stable over the past two years. The program is funded primarily through Schulich School of Medicine and
Dentistry funds, which include government grants, tuition, Canada Research Chairs, recoverable salaries, fundraising and external billing for services. Small amount of funds (approximately $10,000) are derived from application fees. All research and contracts, as well as indirect costs, are housed in departments. Thus, the program does not accrue indirect monies.

The major expenditure is for faculty and staff salaries and benefits, which is almost half of the total budget. The second largest expenditure is for operations, which is approximately one-third of the expenditures. Table 1 presents the program’s budget for FY 2014 through 2018.

<table>
<thead>
<tr>
<th>Table 1. Sources of Funds and Expenditures by Major Category, FY 2014 to 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sources of Funds</strong></td>
</tr>
<tr>
<td>Schulich Funds</td>
</tr>
<tr>
<td>Application Fees</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Expenditures</strong></th>
<th>FY 2014</th>
<th>FY 2015</th>
<th>FY 2016</th>
<th>FY 2017</th>
<th>FY 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty &amp; Staff Salaries &amp; Benefits</td>
<td>$852,827</td>
<td>$966,791</td>
<td>$976,100</td>
<td>$995,478</td>
<td>$995,458</td>
</tr>
<tr>
<td>Operations</td>
<td>$515,071</td>
<td>$488,845</td>
<td>$573,750</td>
<td>$582,833</td>
<td>$582,833</td>
</tr>
<tr>
<td>Travel</td>
<td>$29,947</td>
<td>$24,001</td>
<td>$37,500</td>
<td>$37,500</td>
<td>$37,500</td>
</tr>
<tr>
<td>Student Support</td>
<td>$48,000</td>
<td>$50,496</td>
<td>$54,000</td>
<td>$54,000</td>
<td>$54,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,445,845</strong></td>
<td><strong>$1,530,134</strong></td>
<td><strong>$1,641,350</strong></td>
<td><strong>$1,669,811</strong></td>
<td><strong>$1,669,791</strong></td>
</tr>
</tbody>
</table>

The Schulich School of Medicine and Dentistry operates on a zero-based budgeting model – all revenues generated are centralized and controlled by the Dean’s Office. All departments and programs in the school develop a budget narrative, which is ultimately approved by the dean. The MPH program director is responsible for developing the program’s budget narrative with the assistance of the program manager. This process begins in the early fall and includes programmatic and budgetary plans for the next three years. The budget narrative serves as a basis for discussion with the school’s chief operating officer and a team led by the associate director of finance. A subsequent meeting with the dean identifies strategic directions and priorities, as well as budget requests such as new faculty positions. The dean evaluates the narrative and requests, revises the budget and rolls it into the school’s budget, which is sent to the Office of Institutional Planning and Budget for consolidation at the university level. Final budget allocations are conditional based on the availability of funds.

1.7 Faculty and Other Resources.

The program shall have personnel and other resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

This criterion is met. The program meets the full-time quantitative faculty requirement for its single offering – a generalist MPH degree. As of 2015-2016, the program includes seven primary faculty and four
secondary faculty. From the program’s inception in fall 2013, it has had a 14% increase in the number of primary faculty. Total primary faculty FTE has increased from 4.8 in 2013-2014 to 5.75 in 2015-2016. Secondary faculty FTE has decreased slightly from fall 2013 to 2015-2016, going from 1.4 FTE to 1.05 FTE. These decreases in secondary faculty contribution have not impacted the program’s ability to fulfill its instructional, research and service objectives. Student-faculty ratios (SFRs) remain well below a 10:1 ratio by primary faculty alone (7:1 in 2015-2016). SFRs by total faculty are even lower—5:1 in 2013-2014 and 6:1 in 2014-2015 and 2015-2016. The program has seen steady increases in its student headcount over the past three years, starting at 32 in fall 2013 and increasing to 42 in 2015-2016. All students are enrolled in the program full time.

Since the MPH program functions as a non-departmental, interdisciplinary program, all primary and secondary faculty are appointed to a home academic department. All seven primary faculty are appointed to departments within the Schulich School of Medicine and Dentistry, with six faculty members splitting their time between two departments in the school, in addition to their commitments to the MPH program. Although the MPH program is not the academic home to faculty, all primary faculty members dedicate more than 50% of their time to activities associated with the MPH program. University workload expectations for faculty are 40% effort to teaching, 40% to research and 20% to service. To gain 40% teaching effort in the MPH program, as determined by program administrators, a faculty member should teach two three-credit-hour courses per year. All primary faculty in the MPH program teach at least two three-credit courses per year, in addition to research and service effort to the program.

Staff resources are sufficient to support the program’s operations. The program is supported by three full-time staff: a program manager, a career development coordinator and a program coordinator. A part-time administrative assistant also supports the program.

The MPH program occupies over 15,000 square feet of space in the Public Health and Family Medicine Building. This space houses primary faculty offices, staff offices, student workstations, meeting spaces, breakout rooms to facilitate case-based learning and a classroom with the capacity to seat 60 students.

The program provides faculty, staff and students with personal computers and/or iPads, which provide access to university systems and software packages, such as SAS, SPSS and Qualtrics.

Western’s Allyn & Betty Taylor Library serves the Schulich School of Medicine and Dentistry, including the MPH program. The Taylor Library provides personalized research assistance for faculty and students and provides access to public health-relevant print and electronic collections. The MPH program’s constituents also have full access to seven additional libraries across campus, which collectively offer over 11 million print and electronic resources. Faculty, staff and students have access to content in over
65,000 electronic journals, government publications and e-books. Included in Western’s library resources are a comprehensive collection of electronic databases including BIOSIS, CINAHL, EMBASE, Ovid Medline/PubMed, ProQuest Dissertations and Theses Fulltext, PsycINFO, Sociological Abstracts, Scopus and Web of Science.

The program has identified outcome measures related to the availability of faculty and staff office space; adequate classroom space that facilitates case-style learning for 60 students; full access to Western libraries and its electronic and print collections; up-to-date computers for all faculty and staff; an SFR of 10:1; and more than three full-time staff to support the program. The program has met each of its objectives across the last three years.

1.8 Diversity.

The program shall demonstrate a commitment to diversity and shall evidence an ongoing practice of cultural competence in learning, research and service practices.

This criterion is met. The program demonstrates a commitment to diversity and evidences an ongoing practice of cultural competence. Students on site applauded program personnel for their cultural sensitivity and competence when interacting with students from various backgrounds. The program has aligned with the Canadian government’s priorities to train individuals from the following under-represented groups: women, Aboriginal people, visible minorities (non-white and non-Aboriginal) and international students. The program has identified student enrollment goals for each under-represented group. From 2013 to 2014, the program saw an increase in the number of newly enrolled under-represented students. However, enrollment of these groups decreased (with a significant decrease for visible minorities) in 2015. Despite these fluctuations, the program has met or exceeded each goal for the last two years. The program aims for women to compose 50% or more of each incoming class. To date, the program has exceeded this goal with women comprising 72% to 78% of each class over the last three years. Enrollment of visible minorities has ranged from 40% to 75% in the last three years, well exceeding the program’s goal of 30%. The program aims for international students to compose 15% or more of each incoming class. In 2013, the program only reached 6% but met its goal in 2014 and 2015, with 23% and 21%, respectively. The program aims for Aboriginal students to compose 5% or more of its incoming class. In 2013, the program only reached 3% but met its goal in 2014 and 2015, with 8% and 5% enrollment, respectively.

The university’s diversity plans and policies, to which the MPH program aligns, support a climate free of harassment and discrimination and value the contributions of all forms of diversity. Policies include a non-discrimination harassment policy, which is enforced by Western’s Equity and Human Rights Services group. Other targeted groups, such as Western’s Caucus on Women’s Issues and the Aboriginal Education and Employment Council, support a climate for working and learning in a diverse setting. To systematically incorporate diversity at the program level, the program has used didactic and non-didactic
learning experiences to expose students to vulnerable populations and to foster cultural competence. For example, to ensure that students have prolonged exposure to different cultures, program administrators aim to assign students from varying cultural backgrounds as members of the same student learning team.

The program adheres to the policies set forth by the university for faculty and staff recruitment and retention. The university provides financial incentives for schools to recruit and retain faculty members. University efforts to attract diverse staff include advertising on platforms targeted to diverse populations.

The program aims for women to compose 50% of its faculty and staff complement. Over the last three years, the program has exceeded this goal: 57% to 66% of the faculty and 100% of the staff have been women. During on-site discussions, university administrators explained the significance of recruitment efforts targeting women, noting that the university had historically hired white males for faculty and administrative positions. However, over the last several decades, efforts have been made and success has been had in diversifying the faculty and administrative ranks. To date, faculty in the program are those who were existing Western faculty members whose portfolio showed expertise in public health. As the program grows and additional staff and faculty lines become available, to the extent possible, the program will need to solidify its practices for recruiting and selecting faculty and staff from the remaining three under-represented populations (Aboriginals, visible minorities and individuals from an international background).

The MPH program has established its own policies and practices for the admittance of individuals belonging to under-represented groups. The program uses a coding system, which prioritizes international, public health professional and undergraduate applicants, to narrow down candidates for program admittance. To achieve maximum diversity, the program considers the following factors when making admissions decisions: gender, country of origin, international status, educational background and experience. The program gives significant consideration to Aboriginal applicants, which may include women.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

The program shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional master’s degree. The program may offer a generalist MPH degree and/or an MPH with areas of specialization. The program, depending on how it defines the unit of accreditation, may offer other degrees, if consistent with its mission and resources.

This criterion is met. The program offers a generalist MPH degree, as shown in Table 2. The program uses a case-based pedagogy and places students in heterogeneous learning teams to solve real-world scenarios. Students are placed in learning teams of five to six members at the start of the program and remain with their assigned team until the conclusion of the program. Unlike a traditional lecture-style
curriculum, in Western’s team/case-based approach, students work independently in learning teams throughout the week, and class times are primarily used for large group discussions. The program is completed entirely on campus.

<table>
<thead>
<tr>
<th>Table 2. Degree Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Master’s Degree</td>
</tr>
<tr>
<td>Generalist</td>
</tr>
</tbody>
</table>

Courses taught in the program have been uniquely developed for the MPH program, rather than MPH students taking courses originally created for another department. Upon review of syllabi, site visitors concluded that the curriculum demonstrates adequate depth and appropriate content leading to a generalist MPH degree.

Beyond the core, the curriculum consists of 10 additional didactic courses that largely reflect a community health and health services orientation. To conclude the course of study, students complete a required practicum and culminating experience.

Students who met with the site visit team said that the curriculum builds nicely. Students stated that program administrators were forthright regarding the program’s rigor, and despite the program’s intensity, students and alumni were pleased with the level of knowledge and practical application gained through the program.

2.2 Program Length.

An MPH degree program or equivalent professional public health master’s degree must be at least 42 semester-credit units in length.

This criterion is met. The MPH program requires 49.5 credit hours for degree completion, which exceeds CEPH’s minimum requirement. No student has graduated with fewer than 42 credit hours.

Western’s credit system is based on full, half or quarter courses. A full course is equivalent to six credit hours; a half course is equivalent to three credit hours; and a quarter course is equivalent to 1.5 credit hours.

The MPH curriculum is primarily composed of half courses, which require 33 to 40 in-class contact hours. All half courses have 80-minute classroom sessions over the course of 17 weeks (typically 25 sessions).

The MPH program is designed as a rigorous one-year program, completed over three semesters: fall, winter and summer. Each academic year, courses are offered in a standard sequence, with the same set
of courses offered each semester. Students progress through the program as a cohort, beginning the program in September and graduating in August of the following year.

2.3 Public Health Core Knowledge.

All graduate professional public health degree students must complete sufficient coursework to attain depth and breadth in the five core areas of public health knowledge.

This criterion is met. The program offers required courses in the five core areas of public health knowledge, as displayed in Table 3. No waivers are permitted for core courses.

<table>
<thead>
<tr>
<th>Core Knowledge Area</th>
<th>Course Number &amp; Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biostatistics</td>
<td>MPH 9002: Statistical Methods in Health</td>
<td>3</td>
</tr>
<tr>
<td>Epidemiology</td>
<td>MPH 9001: Epidemiology</td>
<td>3</td>
</tr>
<tr>
<td>Environmental Health Sciences</td>
<td>MPH 9003: Sustaining Environmental Health</td>
<td>3</td>
</tr>
<tr>
<td>Social &amp; Behavioral Sciences</td>
<td>MPH 9005: Social Cultural Determinants of Health</td>
<td>3</td>
</tr>
<tr>
<td>Health Services Administration</td>
<td>MPH 9006: Developing Healthy Communities</td>
<td>3</td>
</tr>
</tbody>
</table>

Table 3. Required Courses Addressing Public Health Core Knowledge Areas

Course syllabi and learning objectives are appropriate for the students in the program to engage in general public health practice. Further, faculty ensure that the competencies outlined on syllabi are linked to course assignments. The site visit team observed that though the health services administration core course is titled Developing Healthy Communities, the syllabus and learning objectives are consistent with a health services administration course.

The program is structured to ensure that knowledge gained by students is consistent across different courses, with faculty using the same teaching cases across classes to ensure that students can broadly apply the five core knowledge areas to a particular health issue, which bodes well in knowledge enhancement.

The. It may provide challenges for students in the future if they seek credentialing or look to proceed to advanced education at institutions beyond Western University. The program may consider renaming the course so that it is obvious that it is addressing one of the required core areas.

2.4 Practical Skills.

All graduate professional public health degree students must develop skills in basic public health concepts and demonstrate the application of these concepts through a practice experience that is relevant to students’ areas of specialization.

This criterion is met. All students are required to complete a six-credit (12-week, 420-hour) practicum. No practicum waivers are granted. The practicum is supported by a full-time career coordinator in the program office. In the fall semester, the coordinator meets with students to understand their interests and
desired placement agency. The placement coordinator matches students to agencies based on the student's interest and the agency’s needs.

Each student is guided by a faculty advisor and preceptor throughout the experience. The program provides an orientation for preceptors. The practicum learning contract spells out the learning objectives of the experience, and an evaluation is done by the preceptor at the midpoint and end of the experience. At the conclusion of the practicum, students develop a poster that showcases the experience. The student’s teaching case, which is the culminating experience deliverable, may also be produced as a product for the host agency. On-site meetings with students and preceptors indicated that there is wide consensus that the practicum is beneficial to both the student and the host agency.

The self-study provides a list of organizations that have hosted students over the last two years. Students have been placed in agencies such as the Canadian Red Cross, Canadian Association of Community Health Centers, Middlesex-London Health Unit and the Public Health Agency of Canada. Students have worked on public health issues related to health equity, family violence prevention and Aboriginal Mental Health, to name a few.

2.5 Culminating Experience.

All graduate professional degree programs identified in the instructional matrix shall assure that each student demonstrates skills and integration of knowledge through a culminating experience.

This criterion is met with commentary. The culminating experience is a course, Transforming Public Health, that begins in the first semester (fall) of the curriculum and continues over the following two semesters (winter and summer). The main objective of the course is to synthesize and integrate knowledge acquired across the curriculum through in-depth discussions of current public health issues. The course includes three components that build on each other: 1) current events discussions with a one-page brief; 2) integrated workshops with written deliverables; and 3) development of a teaching case. The course reinforces all but one of the core competencies for the MPH degree. A syllabus provides an overview of the course with additional materials posted on the online learning site.

The current events discussions are scheduled throughout the fall and winter semesters and focus on current events and the latest developments in public health. Students submit a one-page brief of an article that they have read in the past week. These briefs form the basis of classroom discussion, which integrates students' public health knowledge at that point in the curriculum.

The integrated workshops occur once in the fall semester and twice in the winter semester. The focus of these workshops is to integrate and synthesize interdisciplinary knowledge and practices learned in courses. In their learning teams, students produce materials such as short reports and presentations.
The final product for the Transforming Public Health course is the completion of a teaching case, which is often based on the health issue the student focused on for the practicum. The teaching case must also include case notes, teaching notes and instructor guidance. The teaching case is prepared in collaboration with the faculty advisor and the practicum preceptor. A draft of the teaching case is begun during the practicum and is due at the midpoint of the summer semester. The final teaching case must be completed by the end of the summer semester. The teaching case must demonstrate synthesis and integration of knowledge acquired in courses. The case note describes the key facts of the public health issue. The teaching note discusses possible solutions to the problem, and the instructor guidance is a one-page summary of the teaching note.

The culminating experience is offered on a pass/fail basis, and all students must pass the course to graduate. Students are evaluated on each component of the course. Students must pass the first component to move to the second and the second to move to the third. During the site visit, faculty stated that to date no student has failed to move on to the next component. The Transforming Public Health course instructor documents whether the student submits a current events brief prior to each class session, which provides a basis for determining if the student passes this component of the course. To pass the second component, students must participate in all the integrated workshops and submit all required deliverables; this is also documented by the instructor. The final component, the teaching case, is evaluated by the student’s faculty advisor, and the grade is submitted to the program director for approval.

Site visitors reviewed students’ teaching cases and concluded that they are pertinent to current public health issues and appear to inform and enhance practice. Preceptors who met with site visitors said that they were pleased with the cases and stated that the cases helped them improve their organization’s service delivery. Cases were professionally presented in a rigorous scientific publication format.

The commentary comes from the lack of distinction between the Transforming Public Health course, practicum experience deliverables and the final teaching case as the culminating experience. During the site visit, students who met with site visitors were confused about what constituted the culminating experience. Some students stated that the culminating experience was the practicum, others a combination of the practicum and the teaching case and some only the case. Conversations with alumni and preceptors also suggested that the teaching case was seen as an integral part of the practicum and not a separate culminating experience. In response to the site visit review, the program has initialized the process to obtain University Senate approval to separate the culminating experience from the Transforming Public Health course.
2.6 Required Competencies.

For each degree program and area of specialization within each program identified in the
instructional matrix, there shall be clearly stated competencies that guide the development of
degree programs. The program must identify competencies for graduate professional, academic
and baccalaureate public health degree programs. Additionally, the program must identify
competencies for specializations within the degree program at all levels (bachelor’s, master’s and
doctoral).

This criterion is met. The program defines eight core competencies and 11 additional competencies for
the generalist track that all students must attain in the core coursework and other required experiences.
Each core competency relates to a core public health area. Site visitors noted that the competencies were
valued by students and faculty and are central to the program’s educational process.

The core competencies were selected and adapted from those defined by the Public Health Agency of
Canada and the Association of Schools and Programs of Public Health. These competencies provided
guiding principles for further development and revision of competencies specific to the program. Teaching
faculty developed learning objectives and course content to address these core competencies. A team of
senior faculty reviewed the competencies and created the final eight core and 11 additional
competencies. These sets were reviewed and revised by the entire program faculty and ratified by the
Curriculum Committee.

The competency mapping process was faculty-driven, with faculty mapping all course assignments to
program competencies to ensure coverage across the curriculum. The program has mapped
competencies to specific courses and noted whether the course serves as the primary or reinforcing
means of addressing the competency. Posters listing all of the competencies are posted conspicuously in
the main teaching classroom. The competencies are also prominently displayed on the program’s website
and are listed on course syllabi. Course learning objectives are embedded in a narrative paragraph on
most course syllabi. During the site visit, students stated that course activities are linked to competencies,
and they are consistently asked to reflect on how a particular learning activity reflects mastery of a
competency. For each assignment, students are provided with the competencies being addressed. Each
class session begins with a review of what competencies must be demonstrated. Students also
mentioned that they completed a pre-assessment of their knowledge and skills before they came into the
program; they said that they had made great progress in meeting the competencies in the seven months
since they enrolled.

As a new program, there has not been time for major reviews of the competencies since their approval in
November 2014. The program did outline a plan for periodic assessment, which includes formal and
informal methods to assess their relevance to current public health practice. Employer and alumni
surveys are planned to evaluate whether graduates have mastered the competencies and to obtain
feedback on modifying the current competencies or creating new ones. Informal feedback will also be obtained from the Curriculum Committee, practicum preceptors and public health professionals teaching in the program. The feedback will be assessed during the annual retreat.

2.7 Assessment Procedures.

There shall be procedures for assessing and documenting the extent to which each student has demonstrated achievement of the competencies defined for his or her degree program and area of concentration.

This criterion is met. The competency assessment mechanisms established by the program are robust and allow the program to gain feedback on student performance at multiple points throughout the course of study, as well as integrate feedback from alumni and employers into program improvements. The program’s mechanisms ensure that all students are directly assessed on each of the program’s competencies on a routine basis. Students who met with site visitors expressed familiarity with the competencies and opportunities to demonstrate their application. Faculty who met with site visitors also confirmed meticulous practices to ensure competency alignment with curricular components and student competency attainment through various activities across the curriculum. The program also routinely assesses employers and alumni on graduates’ ability to perform competencies. The program’s software system allows the data collected to be aggregated in meaningful ways that promote analysis by program leaders and faculty. An example of how the program used feedback to improve program quality was by improving the support provided by a teaching assistant for the epidemiology and biostatistics courses.

The program employs a number of mechanisms to assess student competency attainment. Direct mechanisms include course grades, student self-reports and practicum evaluations.

The program aligns all course assignments to one or more of its 19 competencies. To graduate, students must maintain a cumulative course grade average of at least 70% (grade of B), with no grade less than a 60% (grade of C).

The student self-reports are competency self-assessments completed by students at three points: upon entry into the program; at program completion; and 12 months post-graduation. The self-reports solicit students to rank themselves on their level of competency attainment for each of the 19 competencies on a scale of 1 to 4: with 1 being strongly agree and 4 being strongly disagree. The self-reports are administered using Qualtrics Survey Software, which collects and aggregates survey responses. Information is shared at bimonthly faculty meetings. Thirty-five of 43 students who entered in fall 2015 completed the first program entry self-assessment. The average mean scores of core and concentration-specific competency knowledge were 2.14 and 2.48, respectively, which indicates that most incoming students agreed that they have the ability to demonstrate all programmatic competencies. In August 2016, the program will administer its first end-of-program assessment to this same cohort. The program
administered its first 12 months post-graduation self-assessment to the cohort that graduated in August 2014.

For the practicum, students work in tandem with their faculty advisor and preceptor to develop learning objectives. The preceptor also identifies which of the program’s competencies will be achieved through the experience. The preceptor evaluates the student on achievement of the competencies at two points: midway through the practicum and at the conclusion. The first preceptor evaluations were conducted for the fall 2014 cohort—their practicum was completed during summer 2015. The survey solicits preceptors to rank their students’ ability to master each of the program’s 19 competencies, on a scale from strongly agree to strongly disagree. On the midpoint evaluation, for competencies that were applicable to the particular experience, preceptors, on average, agreed that students mastered the competencies associated with the practicum. On the evaluation at the conclusion of the practicum, preceptors most commonly agreed or strongly agreed that students mastered the competencies that were relevant to the practicum. As a qualitative evaluation element, preceptors also provided a brief supplemental comment on the students’ performance in regards to the competencies on both the midpoint and final evaluations.

The deliverable for the culminating experience is a sample teaching case, which is graded by the faculty advisor. Faculty do not use a competency assessment tool to evaluate the culminating experience deliverable. Rather, faculty use the Transforming Public Health course assignments to evaluate whether students have synthesized and integrated knowledge.

The employer survey is administered 12 months post-graduation. For the inaugural cohort of 32 students who graduated in 2013-2014, the program distributed surveys to 23 employers and received seven responses. The employers were asked to assess the graduates’ ability to perform each of the program’s 19 competencies. For each competency that was applicable, employers’ unanimously agreed or strongly agreed that the graduates could demonstrate the competency. Employers are also able to leave qualitative comments. Students on site gave several examples of ways in which the program implemented suggestions from employers.

To date, the program has used informal measures to track job placement for its two graduating cohorts. Informal measures include using LinkedIn and personal contact with alumni. Through these informal mechanisms, the program has been able to maintain information on all of its graduates. The cohort that graduated at the conclusion of 2013-2014 had a 100% job placement rate (25 were employed and seven were continuing their education). The cohort that graduated at the conclusion of 2014-2015 had a 75% job placement rate (27 were employed, three were continuing their education and 10 were seeking employment). Since this cohort has not yet had a full 12 months post-graduation to seek employment, the
program is not out of compliance with CEPH’s 80% job placement threshold within 12 months of graduation.

Beginning in August 2016, the program plans to implement formal mechanisms for collecting job placement data from alumni. A survey will be administered via Qualtrics one year after graduation, just before the 12 months post-graduation competency self-assessment is administered. Site visitors reviewed the contents of the forthcoming survey. This three-question survey will solicit alumni’s employment status, supervisor’s name and contact information and a ranking of the helpfulness of the MPH program’s career services.

The maximum allowable time to graduate from the MPH program is three years, as set by the School of Graduate and Postdoctoral Studies. The program is designed to be completed in one year and, to date, all students who have completed the program have done so within this timeframe. Students are enrolled in the program for a total of 12 months, beginning in September and graduating in August of the following year. The program enrolled its first cohort of 32 students in fall 2013. With two students withdrawing, this cohort had a 94% graduation rate. In fall 2014, the program enrolled its second cohort of 40 students. This cohort had a 100% graduation rate. Forty-three students enrolled in the fall 2015 cohort. With only one withdrawal, this cohort is on track to meet CEPH’s 70% graduation threshold.

2.8 Bachelor’s Degrees in Public Health.

If the program offers baccalaureate public health degrees, they shall include the following elements:

Required Coursework in Public Health Core Knowledge: students must complete courses that provide a basic understanding of the five core public health knowledge areas defined in Criterion 2.1, including one course that focuses on epidemiology. Collectively, this coursework should be at least the equivalent of 12 semester-credit hours.

Elective Public Health Coursework: in addition to the required public health core knowledge courses, students must complete additional public health-related courses.

Public health-related courses may include those addressing social, economic, quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations.

Capstone Experience: students must complete an experience that provides opportunities to apply public health principles outside of a typical classroom setting and builds on public health coursework. This experience should be at least equivalent to three semester-credit hours or sufficient to satisfy the typical capstone requirement for a bachelor’s degree at the parent university. The experience may be tailored to students’ expected post-baccalaureate goals (eg, graduate and/or professional school, entry-level employment), and a variety of experiences that meet university requirements may be appropriate. Acceptable capstone experiences might include one or more of the following: internship, service-learning project, senior seminar, portfolio project, research paper or honors thesis.
The required public health core coursework and capstone experience must be taught (in the case of coursework) and supervised (in the case of capstone experiences) by faculty documented in Criteria 4.1.a and 4.1.b.

This criterion is not applicable.

2.9 Academic Degrees.

If the program also offers curricula for graduate academic degrees, students pursuing them shall obtain a broad introduction to public health, as well as an understanding about how their discipline-based specialization contributes to achieving the goals of public health.

This criterion is not applicable.

2.10 Doctoral Degrees.

The program may offer doctoral degree programs, if consistent with its mission and resources.

This criterion is not applicable.

2.11 Joint Degrees.

If the program offers joint degree programs, the required curriculum for the professional public health degree shall be equivalent to that required for a separate public health degree.

This criterion is not applicable.

2.12 Distance Education or Executive Degree Programs.

If the program offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these degree programs must a) be consistent with the mission of the program and within the program’s established areas of expertise; b) be guided by clearly articulated student learning outcomes that are rigorously evaluated; c) be subject to the same quality control processes that other degree programs in the university are; and d) provide planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of adult learners. If the program offers distance education or executive degree programs, it must provide needed support for these programs, including administrative, travel, communication and student services. The program must have an ongoing program to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate program improvements. The program must have processes in place through which it establishes that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course and degree and receives academic credit.

This criterion is not applicable.
3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

The program shall pursue an active research program, consistent with its mission, through which its faculty and students contribute to the knowledge base of the public health disciplines, including research directed at improving the practice of public health.

This criterion is met. The program has a robust research program. The program's grant and contract funding for the three years reported in the self-study has remained fairly consistent in the range of approximately $4.3 million to $5 million for primary faculty and approximately $1.4 million to $1.8 million for secondary faculty. In 2015, the total research funding obtained by primary faculty was $4,298,970. Contract and grant funding was obtained from a variety of sources, including the Canadian Institutes of Health Research, the Public Health Agency of Canada, other government agencies and Western University.

All primary faculty members have research activities that are either externally or internally funded. The primary faculty members function as principal investigators, co-principal investigators and co-investigators on contracts and grants that are collaborative with a variety of investigators throughout the university. This collaboration is consistent with the structure of the program, which is interdisciplinary and includes faculty members from schools such as education, engineering, information and media studies, health sciences, law, science, social science and business.

The Schulich School of Medicine and Dentistry supports program faculty members' research through the Medicine and Dentistry Research Office. It assists with identification of funding opportunities, development of research collaborations, administrative assistance for research proposals and review of proposals. Also, 28 core research facilities provide access to linked databases, as well as multiple research groups and centers. A well-developed set of policies governing research is available on the university’s website. There are also several internal funding opportunities for faculty members, including startup funds of $6,000 for new tenure-track faculty members.

Faculty members are involved in community-based research and collaborate with a variety of local, provincial/regional, national and international agencies. Locally, the program collaborates with several community clinics (Southwestern Aboriginal Health Access Centre, London Intercommunity Health Centre) and agencies working in public health (Canadian Mental Health Association, Children’s Aid Society). Faculty members are also working with community health centers outside the province and with indigenous populations (First Nations Health Authority, the Metis and Inuit communities). During the site visit, the program director’s work with international programs was referenced several times. The faculty members also place a high priority on their work with First Nations populations; three of the primary faculty members have research projects with indigenous groups.
Students participate in research mainly through classroom activities. These classroom activities include the Research for Health course, the Integrative Workshops, the practicum and the teaching case, which integrates research and knowledge of a specific issue.

There appears to be relatively little student participation in the funded research grants of both the primary and secondary faculty. Of the 31 grants/contracts listed in the self-study for primary faculty, only six report student participation. The self-study document commented that students have limited time to become involved in research projects because the degree must be completed within one year. During the site visit, faculty and students commented that the main exposure to research was through the classroom. However, both groups mentioned that there has been some student engagement in faculty research projects. Multiple comments to the site visit team suggested that the one-year curriculum is intense, and it is difficult for students to find time to work on additional research projects.

3.2 Service.

The program shall pursue active service activities, consistent with its mission, through which faculty and students contribute to the advancement of public health practice.

This criterion is met. Program faculty and students actively pursue service activities that contribute to the advancement of public health practice. As part of their appointment expectations, faculty are to provide service external to the university. A look at the program’s service engagement across the past three years shows that both primary and secondary faculty are actively engaged in service. Faculty serve as grant reviewers, advisors, journal reviewers, committee members and consultants, to name a few. The national and international entities that have benefited from the faculty's service include the Canadian Cancer Society, International Journal of Health Policy and Management, Canadian Journal of Public Health, American Journal of Public Health and the Canadian Institute for Health Information.

Student involvement in service occurs primarily at the student’s volition, though some opportunities to engage in faculty members’ service-related projects are available. During the site visit, several students gave examples of local and international service projects with which they were engaged. Students spoke of opportunities supporting Syrian refugees and working with the local school board, among other opportunities. In addition, some students participate in public service opportunities to local agencies such as the London Intercommunity Health Center and the Cross Cultural Learner Center. The program incentivizes student service to the community by awarding the Community Service Award to the student with the most significant community service contribution in a given academic year.

The program has identified three measurable objectives to evaluate the success of its service efforts to the profession and external community. Across the last three-year period, the program has seen progression toward reaching its 100% target for each core faculty member to make two contributions to academic public health through service as grant reviewers or journal editors, to name a few. To date,
85% of core faculty have met this objective. A similar objective relates to core faculty collaborations with public health practitioners through activities such as committee membership and consultation. For this objective, the program has set a target for 100% of core faculty to have at least three such relationships. There has been fluctuation in performance data over the last three years, but there is an overall positive trend since the first year of reporting (29% in 2013 and 43% in 2015). The third objective relates to the development of 15 publishable-quality teaching cases produced by students for publication in the program’s public health teaching casebook. To date, the program has produced one casebook that contains 13 teaching cases.

3.3 Workforce Development.

The program shall engage in activities other than its offering of degree programs that support the professional development of the public health workforce.

This criterion is met with commentary. Program administrators and faculty have been involved in building the program’s workforce development capacity. Because the program is new, it is still in the process of actively exploring opportunities to engage and support the public health workforce. The program’s methods for gathering information on workforce development needs include discussions with local agencies, meetings with medical officers of health and informal feedback from invited guest lecturers and community members. Local agencies with which the program has had discussions include the Muslim Resource Center for Social Support and Integration, Local Health Integration Network, Ontario Healthy Communities Coalition and the Southwest Regional Cancer Program. Feedback from these sources indicate that program evaluation is an area in which the MPH program can help meet the workforce development needs of its stakeholders. Site visitors heard that there is a desire on the part of the practice community to create greater linkages with the program as it pertains to workforce development/continuing education.

To date, the program’s facilitation of workforce development activities include faculty outreach to the practice community and the program’s Brown Bag Series, which invites practitioners from various local agencies to speak on topics relevant to public health. Most Brown Bag Series are geared toward students only, but in academic year 2015-2016, the program conducted four sessions that were open to the community. These sessions included topics such as program evaluation and planning and violence prevention, to name a few. Attendance at these sessions have included community stakeholders and MPH alumni.

As learned during the site visit, the program’s public health teaching casebook, developed by students, has also served as a means of supporting the workforce by providing organizations with guidance on best practices.
Another means of workforce development has been the Schulich School of Medicine and Dentistry’s Mini-
Medical School, where members of the general community have the opportunity to attend lectures from
faculty on various health topics. In fall 2014, two MPH faculty members presented at the Mini-Medical
School on the topic of e-cigarettes. Public health faculty have also been invited experts to events with
organizations such as the World Health Organization to speak on topics such as the delivery of safer
primary care for all.

The commentary relates to the fact that while faculty are individually engaged in workforce development
activities and some programmatic efforts have benefited members of the public health workforce,
sustained and targeted program-wide endeavors are still nascent. As the program matures, these
activities should coalesce into formalized endeavors targeted at meeting the expressed needs of the
public health workforce.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

The program shall have a clearly defined faculty which, by virtue of its distribution,
multidisciplinary nature, educational preparation, practice experience and research and
instructional competence, is able to fully support the program’s mission, goals and objectives.

This criterion is met. The program has seven primary faculty and four other faculty who support teaching
activities. All primary faculty are either tenured or on the tenure track and have earned both master’s and
doctoral degrees in fields associated with their teaching areas. Three faculty members have doctoral
degrees in health services and/or health policy; two have degrees in epidemiology/biostatistics; one has a
degree in anthropology; and one has a degree in population and public health.

Four additional faculty members support the teaching program. They serve in a variety of capacities,
including advisor for courses, instructor, co-instructor and learning team advisor. Their expertise and
training are in the fields of anthropology, epidemiology/biostatistics, public health law and environmental
health. All have doctoral degrees in their field.

Adjunct faculty do not receive funding from the university. Current adjuncts included medical officers of
health from local public health agencies, a representative from an international development organization
and others working with First Nations.

The measurable objectives that the program uses to assess the quality of its faculty include formal
training (master’s degree, doctoral degree in public health), involvement in public health practice,
teaching effectiveness and publications). The measure of overall course effectiveness (number of
courses with median scores of at least six) was not met for either of the two years reported. However,
during the site visit, faculty members explained that this target is intentionally high to encourage
excellence, and they said that it was not an unreachable target. The percent of primary faculty publishing at least three projects was also lower than targeted.

4.2 Faculty Policies and Procedures.

The program shall have well-defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.

This criterion is met. The most recent versions of the policies and procedures for the university that were approved by the university’s Board of Governors are posted on the university secretariat website. All faculty members are represented by the University of Western Ontario Faculty Association. The most recent collective agreement is for four years beginning July 1, 2014. The agreement includes policies and procedures on recruitment and appointment of new faculty members, tenure and promotion, annual performance evaluation and faculty development. University-wide policies and procedures are included as links to other webpages.

In general, a promotion and tenure file is created by the dean for each probationary faculty member at the rank of assistant or associate professor at the time he/she is appointed. The Promotion and Tenure Committee of each department or school, excluding the dean and external members, meets before November 30 each year to consider the file. The committee advises the dean on whether the faculty member should be invited to be considered for tenure and promotion in the following year. The faculty member is evaluated in teaching and research and must submit the file that includes documentation of these activities. Almost all MPH faculty have joint appointments between the program and another department. In this situation, the committee includes the deans of the two faculties, and the MPH program director also participates in the decision.

All faculty members are formally evaluated on an annual basis as described in the Faculty Collective Agreement. The purpose of the annual performance evaluation is to provide an annual assessment of performance, provide for support and mentoring and serve as a basis of salary increments linked to performance. It covers teaching, research and service activities in the past three years according to the faculty members’ responsibilities. The program director is included in these annual evaluation meetings. Since most MPH faculty have joint appointments, the annual evaluation includes the deans of the appropriate faculties as well as the MPH program director. Faculty members described how the deans and the program director create specific evaluation criteria that reflected their work across the units. Both the university president and the dean stated that this approach was unique and allowed for “no cross-talk” between the units and created an identical message to the faculty member in terms of expectations. The dean also stated that these criteria allowed him to learn about and promote linkages between faculties and programs, as well as to improve his ability to mentor junior faculty members.
Student course evaluations are completed at the end of each semester. The summaries for the individual courses are reviewed by the program director at the beginning of the next semester. Major issues are discussed in faculty meetings as they arise. Student course evaluations are also included in the documentation for the annual performance evaluation.

Support for faculty development is available from the program and the university as actual funds and services. Program start-up funds (a minimum of $6,000) and travel grants are provided to new faculty members. The Schulich School of Medicine and Dentistry offers fellowships, grants and awards to enhance teaching and research skills. Opportunities to foster best practices in teaching and learning include the MPH Program Case Writing Workshop and the University Teaching Support Center. The university provides support for research funding, grant preparation and commercialization of research findings/products through Research Western under the vice president for research. Finally, the school has an extensive continuing professional development program that includes workshops, master classes and mentorship. Faculty members consistently commented to site visitors on how well they are supported for both teaching and research activities. Junior faculty stated that they had received excellent mentoring and access to grant information and start-up funds through Research Services. The administration also emphasized their strong support for junior faculty success.

4.3 Student Recruitment and Admissions.

The program shall have student recruitment and admissions policies and procedures designed to locate and select qualified individuals capable of taking advantage of the program’s various learning activities, which will enable each of them to develop competence for a career in public health.

This criterion is met. The program has established policies and procedures to guide its admissions efforts. The program’s admissions practices are designed to select qualified candidates who have the interest and motivation for undertaking and advancing in public health careers. The MPH Admissions Committee carries out the program’s selection processes. The program aims to admit public health professionals, international medical graduates and undergraduates from health sciences or related disciplines. Ideal candidates have at least a B average in undergraduate studies, public health-related experience and leadership capabilities. International students whose first language is not English must demonstrate fluency of the language by successfully completing specified tests.

Prospective students must apply to the program by submitting an online Graduate School application. In the application package, candidates must include letters of recommendation and a written statement addressing their understanding of public health, their career aspirations and how the program will help them achieve their goals. The program may require interviews of applicants to ensure suitability for undertaking the degree program.
In general, since the program’s inception in 2013, it has seen an increase in the number of applicants. Applications rose from 120 in 2013-2014 to 158 in 2015-2016. The number of admissions offers extended by the program has increased incrementally over the last three years, with the program yielding an increased acceptance rate each year. In 2013-2014, the program accepted 37% of applicants; in 2014-2015, 50% of applicants were accepted; and in 2015-2016, 58% of applicants were accepted. As a result, the program’s enrollment rate has also experienced slight increases annually since 2013. In the program’s three years of operation, it has enrolled 34, 40 and 42 students, respectively.

The program’s desired enrollment is 60 students per year. The program aims to meet this goal by 2016-2017. When the program started, it had a goal to enroll 30 students and planned to increase enrollment by 10 every year so that faculty were prepared to handle an ultimate class size of 60.

All students enroll in the program full time and complete it over the course of one year. School leaders told site visitors that the program plans to draft a white paper proposal related to the program’s format and how it can be extended across a two- to three-year time period. Many community stakeholders who met with the team indicated that if the program were offered in a part-time format, or if evening options were available, it would be a viable option for employees at their organizations. Alumni and students who met with the site visit team stated that they were fortunate that their employers permitted them to take a one-year leave of absence to pursue the MPH degree. Some organizations, such as Middlesex-London Health (London’s local health department), do not offer this provision for its employees.

To recruit students, the program relies on its website, Facebook page, printed brochures and an informational video on Western’s YouTube channel. The program’s published brochure thoroughly describes the program and its admissions requirements. Program leaders also explained during the site visit that an MPH alumni will start working at the university-level in recruitment and will help recruit students to the MPH program. Some students who met with site visitors stated that they were recruited through the university’s Indigenous Office. Another student stated that he attended an open house as an undergraduate student at Western and learned about the program.

The program has identified three measurable objectives for which data have been collected to evaluate success in enrolling a qualified student body. Objectives are as follows: 1) achieve a graduation rate of 80% or higher for each cohort; 2) each incoming class will have an average GPA of B or higher; and 3) 70% of students enrolled will be health professionals or will have a health-related background. For this final objective, the program met its target for 2013 and 2014, but fell just under the target in 2015, with 62% of the class having health professions/health-related backgrounds. The program expected to enroll a number of these individuals in 2015-2016, but some students, due to funding not coming through from
their donor sources, were not able to attend. For the first two objectives, the program met each of its targets for the last three years for which data are available.

4.4 Advising and Career Counseling.

There shall be available a clearly explained and accessible academic advising system for students, as well as readily available career and placement advice.

This criterion is met. Students are placed in learning teams where they are assigned a faculty advisor at the start of the program. The learning teams enhance the ability of the students to perform as part of a team and better prepare them for the real world. Faculty advisors also provide valuable insight into career development for individual students and teams, which is based on the interests of the team and faculty expertise. The faculty member will also refer students to other faculty or professionals who have expertise in their areas of interest.

The program employs a full-time career coordinator. Additionally, the Transforming Public Health course addresses career-related issues such as interviewing skills and resume writing, which prepares students for the job search. At the end of the program, the class of 2014 students were surveyed about their experience in the program and were specifically asked if the career services provided were helpful—83% agreed. Students and alumni on site corroborated the survey results and expressed satisfaction with the helpfulness of program administrators and faculty in this area.

The program has several mechanisms in place for students to express complaints and grievances. The hierarchy of reporting for student grievances begins with the course director, followed by the faculty advisor, the graduate chair and lastly the program director. If the grievance is not resolved through these informal measures, a student may submit an academic appeal per the procedures outline in the academic handbook.

In the past two years, the program has had two appeals for course grades. Both cases were satisfactorily resolved at the program level.
Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH
ACCREDITATION SITE VISIT

Western University
Public Health Program

March 21-22, 2016

Monday, March 21, 2016

8:30 am  Site Visit Team Request for Additional Documents
Amardeep Thind, Program Director (MD, PhD)
Diana Lee, Manager (BA)

8:45 am  Team Resource File Review

9:30 am  Break

9:45 am  Meeting with Program and Department Administration
Amardeep Thind, Director (MD, PhD)
Mark Speechley, Graduate Chair (PhD)
Diana Lee, Manager (BA)

10:45 am  Break

11:00 am  Meeting with Faculty Related to Curriculum and Degree Programs
Regna Darnell, Professor (PhD)
Ava John-Baptiste, Assistant Professor (PhD)
Gerald McKinley, Assistant Professor (PhD)
Bridget Ryan, Assistant Professor (PhD)
Shannon Sibbald, Assistant Professor (PhD)
Mark Speechley (PhD)
Amanda Terry, Assistant Professor (PhD)
Charlie Trick, Professor (PhD)
Lloy Wylie, Assistant Professor (PhD)

12:00 pm  Break

12:15 pm  Lunch with Students
Anum Aftab
James Anderson
Omolara (Esther) Ayigbe
John Ayom Kok
Jaspreet Bhullar
Sabrina Binte Haque
Elyse Burt
Sai Chaphekar
Connor Cleary
Elizabeth Fan
Jasmine Fournier
Srinivasan Govindaraj
Alison Green
Joanna Han
Hoda Herati
Josephine Hsieh
Yasmeen Jabbar
Kun Kan
Gulpreet Kaur
Amandeep Kaur
Nandni Khera
Kaitlyn Lam
Jennifer Lindsay
Nina Malek
Gerrilynn Manitowabi
Ibrahim Marwa
Amit Misir
Thiha Naing
Tinuke Olagunju
Efosa Oronsaye
Niddhi Parmar
Jonathan Rom
Ashley Sebastian
Ayeshna Siddiqui
Sushma Singh
Sarbjeet Singh
Alena Tarasievich
Joanne Tay
Lidiya Tsegaye
Brittany Van Dyk
Alex Vertes
Emily Wood

1:15 pm  Break

1:30 pm  Meeting with Faculty Related to Research, Service, Workforce Development, Faculty Issues
Regna Darnell, Professor (PhD)
Ava John-Baptiste, Assistant Professor (PhD)
Gerald McKinley, Assistant Professor (PhD)
Bridget Ryan, Assistant Professor (PhD)
Shannon Sibbald, Assistant Professor (PhD)
Amanda Terry, Assistant Professor (PhD)
Charlie Trick, Professor (PhD)
Lloy Wylie, Assistant Professor (PhD)

2:30 pm  Resource File Review and Executive Session

4:00 pm  Meeting with Alumni, Community Representatives, Preceptors
Alumni:
Sara Bader, Class of 2015
Maria Bohorquez, Class of 2015
Giovanna Longo, Class of 2014
Abraham Kunnilathu, Class of 2014
Gracia Mabaya, Class of 2014

Preceptors:
Chimere Okoronkwo, Manager, Oral Health Team, Middlesex-London Health Unit (MSc, MPH, DBS)
Fatih Sekercioğlu, Manager, Environmental Health, Middlesex-London Health Unit (MSc, MBA, CPHI(C))
Frank Welsh, Director of Policy, Canadian Public Health Association (PhD)

Community Representatives:
Gayanne Hovhanissyan, Associate Medical Officer of Health, Middlesex-London Health Unit (MD, PhD, FRCP)
Sudit Ranade, Medical Officer of Health, Lambton Public Health (MD, MPH, MBA, CCFP FRCP(C))
Dan Stringer, Board of Directors - Treasurer, Gateway Center of Excellence in Rural Health (B.Sc, B.Sc. Phm.)

5:00 pm  Adjourn

Tuesday, March 22, 2016

8:30 am  Meeting with Institutional Academic Leadership/University Officials
Amit Chakma, President (PhD)
Janice Deakin, Provost and Vice-President (PhD)
Michael Strong, Dean (MD, PhD)
Bertha Garcia, Vice-Dean, Education (MD, PhD)

9:15 am  Executive Session and Report Preparation

12:30 pm  Exit Interview
Amardeep Thind, Director (MD, PhD)
Mark Speechley, Graduate Chair (PhD)
Diana Lee, Manager (BA)